

**CITY OF SAN ANTONIO
REQUEST FOR PROPOSAL (RFP)
FOR
CONSTRUCTION AND OPERATION OF KENNEL FACILITY
FOR ANIMAL CARE SERVICES**

AMENDMENT NO. 2

March 5, 2013

I. RFP QUESTIONS AND CLARIFICATIONS
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1. **Question:** If submittal is for a portion of the funds, does construction need to begin immediately, or can it be delayed 6-12 months or so?

Response: If Respondent anticipates that it will take longer, please include how long it will take and why.

2. **Question:** Do a set of plans for this project exist and are they available?

Response: Respondent will design the facility, manager the construction, operation the facility as stated in the solicitation documents.

II. REVISIONS TO THE RFP AND SOLICITATION DOCUMENTS
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1. RFP-Required Forms – Form 1 Submittal Cover/Signature Sheet has been revised.

Replace and utilize RFP-Required Forms REV030513, attached.

2. SBEDA Subcontractor/Supplier Utilization Plan Form

Replace and utilize SBEDA Subcontractor/Supplier Utilization Plan Form REV030513, attached.

END OF REVISIONS



CITY OF SAN ANTONIO
P. O. BOX 839966
SAN ANTONIO, TEXAS 78283-3966

FORM 1
SUBMITTAL COVER / SIGNATURE SHEET

RFQ POSTING DATE:	February 13, 2013	Request For Proposal Title: CONSTRUCTION AND OPERATION OF KENNEL FACILITY FOR ANIMAL CARE SERVICES
DATE OF CLOSING:	March 12, 2013	RFP# – CIMS021313EF
TIME OF CLOSING:	(No later than) 10:00 A.M. Local Time	DEPARTMENT / DIVISION:
SUBMIT TO:	City of San Antonio Office of the City Clerk 100 Military Plaza 2 nd Floor, City Hall San Antonio, TX 78205	Capital Improvement Management Services

READ AND SIGN BELOW. UNSIGNED COVER SHEETS WILL NOT BE ACCEPTED BY CITY.

Legal Name of Firm:	
Address:	
City:	
State:	Zip Code:
Contact Person:	
Office Phone Number:	Alternate Phone Number:
E-Mail Address:	Fax Number:
<p>I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, information contained in this submittal reflects accurately data regarding my organization/firm, work to be performed, and estimates of planned/delivered services. By signing this cover sheet, the undersigned agrees that, if awarded a contract in response to this RFQ, Respondent will be able and willing to comply with all representations made by Respondent in Respondent's Submittal and during the Solicitation process.</p> <p>By its signature below, Respondent certifies that any objections it may have with the City's Funding Agreement and General Conditions, labeled as RFQ Exhibit "A" and "B" hereto, have been listed and included in Respondent's Statement of Qualifications under Tab 16 hereto. Absent any objections there listed, Respondent confirms it will execute City's Funding Agreement as written.</p> <p>Respondent further certifies that he/she is authorized to bind the organization. All provisions in Respondent's submittal shall remain valid for 120 days following the deadline date for submissions or, if Respondent is awarded a contract, throughout the entire term of the contract.</p>	

Signature of Authorized Individual

Typed Name of Authorized Individual

Date

Typed Title of Authorized Individual

FORM 2
SUBMITTAL CHECKLIST AND TABLE OF CONTENTS

The materials and information listed on this checklist shall be submitted as part of the submittal. Failure to submit any of the requested materials or provide adequate explanation may eliminate the submittal from consideration.

Materials shall be included in the submittal in the order identified on the checklist. Identify the corresponding page numbers in the space provided.

Page No.	Form No.	Form Title
	No Form	Cover Letter
	Form 1	Submittal Cover Sheet / Signature Page – Indexed as Tab “1”
	Form 2	Submittal Checklist (Table of Contents) – Indexed as Tab “2”
	Form 3	Discretionary Contracts Disclosure Form - Indexed as Tab “3”
	Form 4	Litigation Disclosure Form – Indexed as Tab “4”
	Form 5	Subcontractor/Supplier Utilization Commitment Form- Indexed as Tab “5”
	No Form	Submittal Document Requirements & Evaluation Criteria: Funding Agreement and General Conditions – Indexed as Tab “6” Proof of Insurability – Indexed as “Tab “7” Criteria A: -Construction Experience – Indexed as “Tab 8” -History/Success with Animal Adoptions and Assuring Live Outcomes – Indexed “Tab 9” -History/Success in Establishing and Maintaining High Standards Of Animal Wellness - Indexed as Tab “10” Criteria B: -Anticipated/Projected Number of Animals to be Rescued and Kenneled Annually from ACS - Indexed as Tab “11” -Proposed Operating Plan, Marketing Plan, Proposed Fee Schedule And Budget for the Kennel Facility – Indexed as “Tab 12” Criteria C: -Financial History –Indexed as Tab “13”
Submission includes: one (1) unbound original proposal signed in ink, six(6) printed copies for a total of seven (7) proposals and one (1) Adobe PDF version of entire submittal on a CD. Check Here: _____		

FORM 3
City of San Antonio
DISCRETIONARY CONTRACTS DISCLOSURE*

For use of this form, see Section 2-59 through 2-61 of the City Code (Ethics Code)
Attach additional sheets if space provided is not sufficient.

Discretionary Contracts Disclosure Form may be downloaded at:
<https://www.sanantonio.gov/eforms/atty/DiscretionaryContractsDisclosure.pdf>.

Instructions for completing the Discretionary Contracts Disclosure form are listed below:

1. Download form and complete all fields. Note: All fields must be completed prior to submitting the form.
2. Click the "Print" button and place the copy in submittal response as indicated in the Submittal Checklist. Completed forms should not be submitted electronically.

FORM 4
LITIGATION DISCLOSURE

Respond to each of the questions below by checking the appropriate box. Failure to fully and truthfully disclose the information required by this Litigation Disclosure form may result in the disqualification of your proposal from consideration or termination of the contract, once awarded.

1. Have you or any member of your Firm or Team to be assigned to this engagement ever been indicted or convicted of a felony or misdemeanor greater than a Class C in the last five (5) years?

Yes ☐ No ☐

2. Have you or any member of your Firm or Team to be assigned to this engagement been terminated (for cause or otherwise) from any work being performed for the City of San Antonio or any other Federal, State or Local Government, or Private Entity?

Yes ☐ No ☐

3. Have you or any member of your Firm or Team to be assigned to this engagement been involved in any claim or litigation with the City of San Antonio or any other Federal, State or Local Government, or Private Entity during the last ten (10) years?

Yes ☐ No ☐

If you have answered "Yes" to any of the above questions, please indicate the name(s) of the person(s), the nature, and the status and/or outcome of the information, indictment, conviction, termination, claim or litigation, as applicable. Any such information should be provided on a separate page, attached to this form and submitted with your proposal.



CITY OF SAN ANTONIO

SUBCONTRACTOR/SUPPLIER UTILIZATION PLAN

SOLICITATION NAME: **Stray Animal Kennels**

RESPONDENT NAME:

SOLICITATION API: **Small Business Enterprise (SBE) Subcontracting AND Minority/Woman Enterprise (M/WBE) Subcontracting Programs**

API REQUIREMENTS: Respondents must demonstrate commitment to satisfy a **thirty percent (30%) SBE subcontracting goal AND a twenty-one percent (21%) M/WBE subcontracting goal**. Self-performance by S/M/WBE prime respondents does not count toward these subcontracting goals. **In the absence of a waiver granted by the City of San Antonio, Small Business Office, failure of a Respondent to commit to satisfying the SBE and M/WBE subcontracting goals shall render its response NON-RESPONSIVE.**

S/M/WBEs must be certified with the South Central Texas Regional Certification Agency **and** be headquartered or have Significant Business Presence in the San Antonio Metropolitan Statistical Area to satisfy the above-stated goals. For further clarification, please contact Shuchi Nagpal, at (210) 207-0071.

Section 1. Enter Respondent's (Prime) proposed contract participation level. Leave blank for revenue generating contracts.

Section 2. List ALL subcontractors / suppliers that will be utilized for the entire contract period, excluding possible extensions and renewals. Use additional sheets if necessary.

	PARTICIPATION DOLLAR AMOUNT	% LEVEL OF PARTICIPATION	CERTIFICATION TYPE AND NUMBER	TYPE OF WORK TO BE PERFORMED (BY NIGP CODE)
SECTION 1. PRIME				
Name:	\$	%		
			#:	
SECTION 2. SUBCONTRACTOR(s):				
1. Name:	\$	%		
			#:	
2. Name:	\$	%		
			#:	
3. Name:	\$	%		
			#:	
4. Name:	\$	%		
			#:	
5. Name:	\$	%		
			#:	
Total Prime Participation:	\$	%		
			#:	
Total Sub Participation:	\$	%		
			#:	
Total Prime & Sub Participation*:	\$	%		
			#:	
Total Certified Sub Participation:	\$	%		
			#:	

***Total Prime & Sub participation must equal your base bid amount.**

If a business is not certified, please call the Small Business Program Office at (210) 207-3900 for information and details on how subcontractors and suppliers may obtain certification.

I HEREBY AFFIRM THAT I POSSESS DOCUMENTATION FROM ALL PROPOSED SUBCONTRACTORS/SUPPLIERS CONFIRMING THEIR INTENT TO PERFORM THE SCOPE OF WORK FOR THE PRICE INDICATED ABOVE. I FURTHER AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT, IF AWARDED THE CONTRACT, THIS DOCUMENT SHALL BE ATTACHED THERETO AND BECOME A BINDING PART OF THE CONTRACT.

SIGNATURE OF AUTHORIZED AGENT

TITLE

DATE

PHONE

FOR CITY USE

Action Taken: Approved _____ Denied _____

DIRECTOR
ECONOMIC DEVELOPMENT DEPARTMENT